PRINTED: 02/19/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL080014 02/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 STATESVILLE BOULEVARD BROOKDALE SALISBURY SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (D) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on February 2, 2016. This facility was first licensed as a Home for the Aged serving 88 residents on October 30, 1996. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Volume 1 -General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were noted which will require a new plan of correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

than those requirements found in the 1971 "Minimum and Desired Standards and

Health Service Regulation at no cost;

This Rule is not met as evidenced by:

Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of

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If continuation sheet 1 of 6

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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C 101	1 Continued From page 1		C 101			
	doors out of the Din maintained operable residents by preven emergency. Findings include: The delayed egress	rvation, the delayed egress ing Room were not e. This could effect all ting evacuation in an door out of the Dining Room and release when pushed on.				
C 160 Outside Premises-Clean, Safe		C 160				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;					
	This Rule is not me 1. Based on observ was not maintained	ation, the outside premises				
	Bistro/North Hall ent b. Soffit has been re at the firewall	are laying on the roof at the trance emoved and the attic is open emoved and the attic is open			-	

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FURNISHINGS

(a) Adult care homes shall:

C 164 Housekeeping and Furnishings-Clean, Repaired

10A NCAC 13F .0306 HOUSEKEEPING AND

SECTION .0300 - PHYSICAL PLANT

C 164

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATÉ SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL080014 02/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 STATESVILLE BOULEVARD BROOKDALE SALISBURY SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 164 Continued From page 2 C 164 (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors: (3) have furniture clean and in good repair: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the HVAC returns were not maintained clean. This could prevent proper activation of the radiation dampers in a fire emergency. Findings include: a) The HVAC returns and their radiation dampers are covered with dust and dirt. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

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REQUIREMENTS

operating condition.

compartment of origin.

(a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

 Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing

This Rule is not met as evidenced by:

smoke and fire in the room or smoke

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plate.

to cover them.

latch when released

smaller hardware was installed without a rosette

 b. The Kitchen Janitors Closet has holes in the door revealed when smaller hardware was installed without a rosette to cover them.
 c. The room 21 doorframe is missing the strike

d. The Employee bathroom has a barrel bolt
 e. The cross corridor doors at room 34 do not

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circuits.

battery backup

Findings include:

Based on observation, the building electrical system was not maintained to keep the facility safe by allowing residents to use expansion blocks in the outlets. This would affect all residents by potentially overloading electrical

An outlet expansion device was observed in a corridor outlet outside the Resident Program

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